

APR 22 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2191-2

1. PLACE OF DEATH

County New MadridRegistration District No. 274Township LebanonPrimary Registration District No. 4063City Lebanon (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edda wood6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-14-557. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 7 108. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon13. NAME X14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X15. MAIDEN NAME X16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X17. INFORMANT Tom wood
(ADDRESS) Campbell mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Madison DATE 1-25-193519. UNDERTAKER W. E. Jones
(ADDRESS) Lebanon mo.20. FILED Mar. 10 1935 E. E. Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24 193522. I HEREBY CERTIFY, That I attended deceased from Jan 14 1935, to Jan 24 1935I last saw him alive on Jan 24 1935. Death is said to have occurred on the date stated above, at 9 am.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____Other contributory causes of importance: Chronic Bronchitis

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1935

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. E. Jones M. D.124-3 (Address) Lebanon mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

